Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) Duval County, Epidemiology Program

Rick Scott, Governor
Celeste Philip, MD, MPH, State Surgeon General and Secretary

September 2017

Florida Department of Health Duval County
Main Office
900 University Blvd N
Jacksonville, FL 32211
(904)253-1000
www.duval.floridahealth.gov/

Epidemiology Program

Office: (904) 253-1850

Confidential fax: (904) 253-1851

After hours line: (904) 434-6035

Director

Saad Zaheer, MD, MSPH, FACE

Epidemiologist

Aja Arrindell, MPH, MS

Senior Community Health Nurse

Dana Henning, RN

Senior Community Health Nurse

Ruth Voss, RN, MPH

Research Assistant

Muniba McCabe, BSc

Senior Word Processor

Debra Brown

Florida EIS Fellow

Ellen Dugan, MPH

Intern

Angelina Rizzo

Intern

Constance Nelson

Intern

Holly Clancy

In This Issue:

Report Summary

The month of September included a variety of surveillance and investigation activities in Duval County. These data summaries included enteric disease, influenza, influenza-like illness (ILI), respiratory syncytial virus infection (RSV), mosquito-borne illness surveillance, active tuberculosis cases, sexually transmitted diseases (STD), as well as other reportable diseases/conditions. Limitations to the accuracy of this information include persons who do not seek healthcare, healthcare providers, and those that may not recognize, confirm or report notifiable diseases/conditions. This report includes data reported as of September 30, 2017, unless noted otherwise.

DOH-Duval reported 213 cases of various diseases/conditions in September. Please note that all cases meet the case definition for a confirmed, probable or suspect case. Among the cases reported there was, a case of eastern equine encephalitis (EEE), acute Hepatitis B, varicella, vibriosis, legionellosis, and mumps which was associated with an outbreak, two cases of pertussis and carbon monoxide poisoning.

Surveillance data for select enteric diseases showed an increase in activity, while ILI activity reported remained plateaued.

This issue of the Duval County Surveillance Report will also highlight the respiratory syncytial virus (RSV) activity, a human case of EEE in Duval County, as well as Hurricane Irma post-storm surveillance and storm preparation tips.

Enteric Disease

Enteric disease activity reported in September showed an increase in case count. Cases of salmonellosis(59) and cryptosporidiosis(3) increased from the previous reporting month of August (weeks 32-35, 2017) (Figure 2,5), while cases of shigellosis(4) and giardiasis(2) decreased and campylobacteriosis(11) remained unchanged during this time (Figure 3- 4,6).

Compared to 2016, cases of campylobacteriosis, salmonellosis, and giardia showed an increase while cases of shigellosis decreased and cryptosporidiosis remained unchanged (Figure 1).

Cases reported for the 75 and older age group showed a continuous increase in cases from the previous reporting year with 55% followed by 20-34 age group with 27%.

One outbreak of norovirus GI was reported to, DOH-Duval, in September.

(Source: FDENS EpiCom, ESSENCE).

For prevention information, visit CDC.gov or Floridahealth.gov/diseases-and-conditions/norovirus-infection.html

Figure 1. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, September 2014 – September 2017

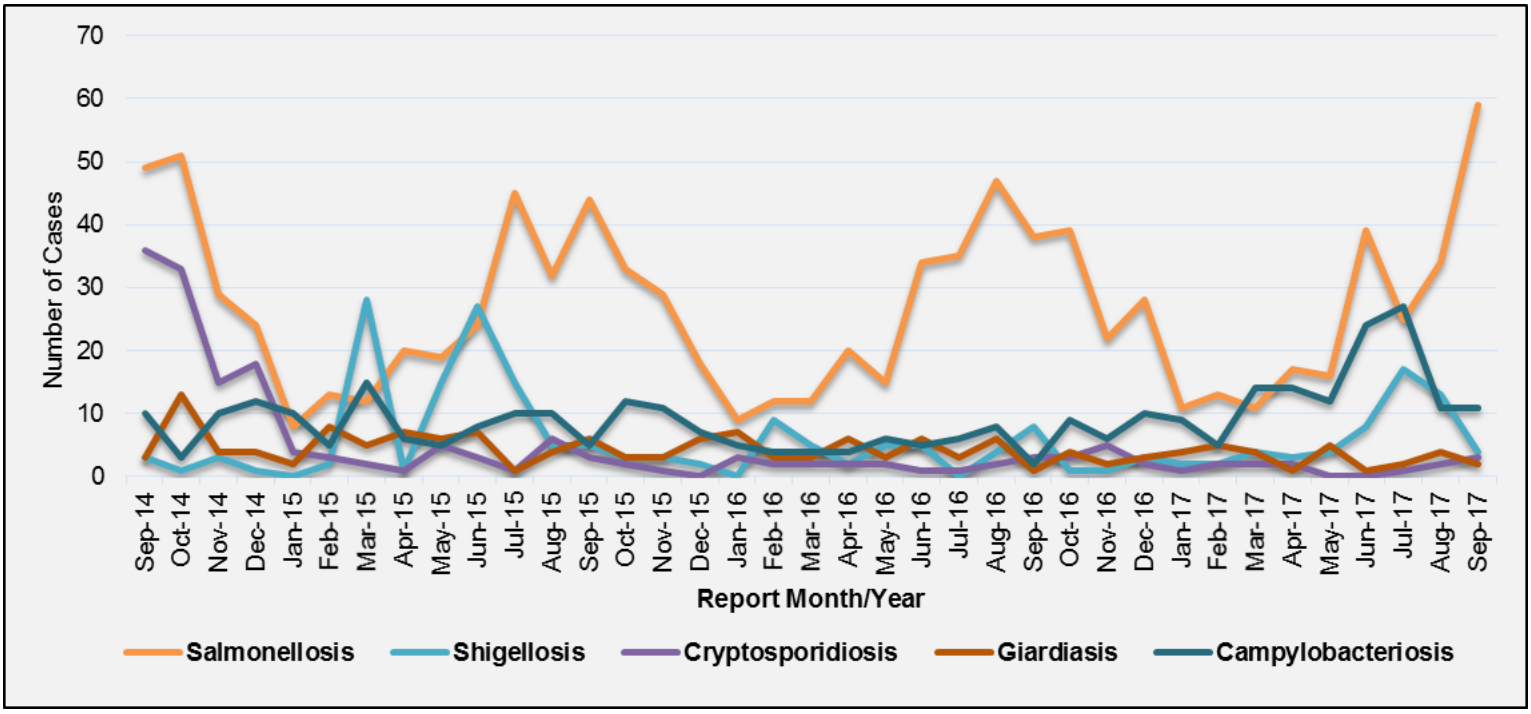
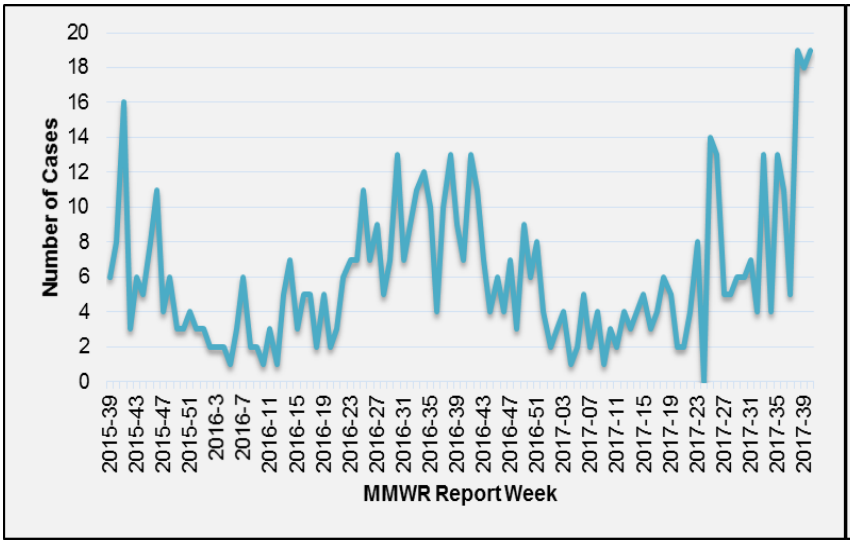


Figure 2. Reported Cases of Salmonellosis by Report Year-Week and Age Group, Duval County Week 39,2015 – Week 39,2017



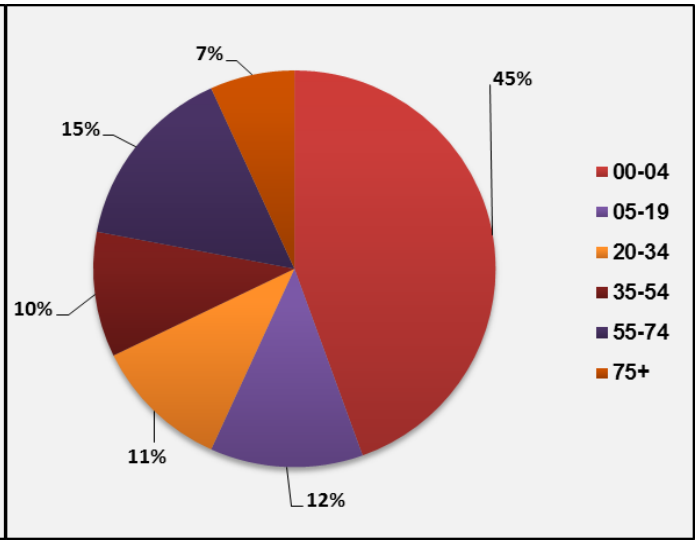


Figure 3. Reported Cases of Shigellosis by Report Year-Week and Age Group, Duval County
Week 39,2015 – Week 39,2017

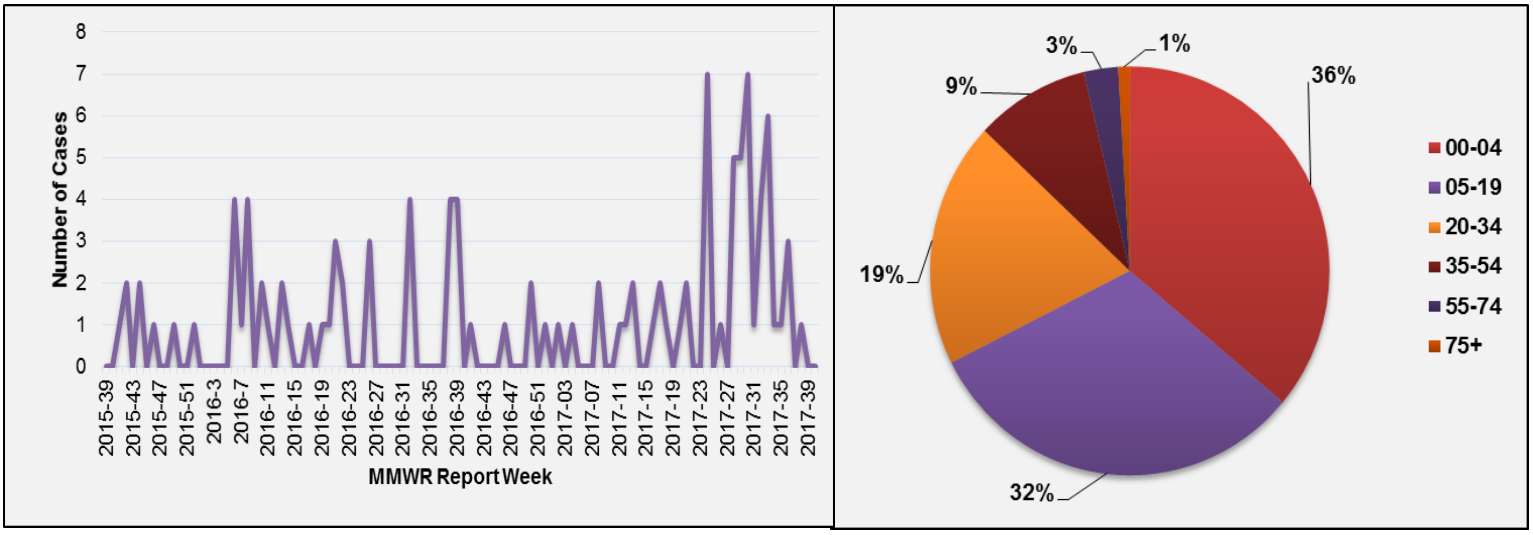


Figure 4. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group, Duval County
Week 39,2015 – Week 39,2017

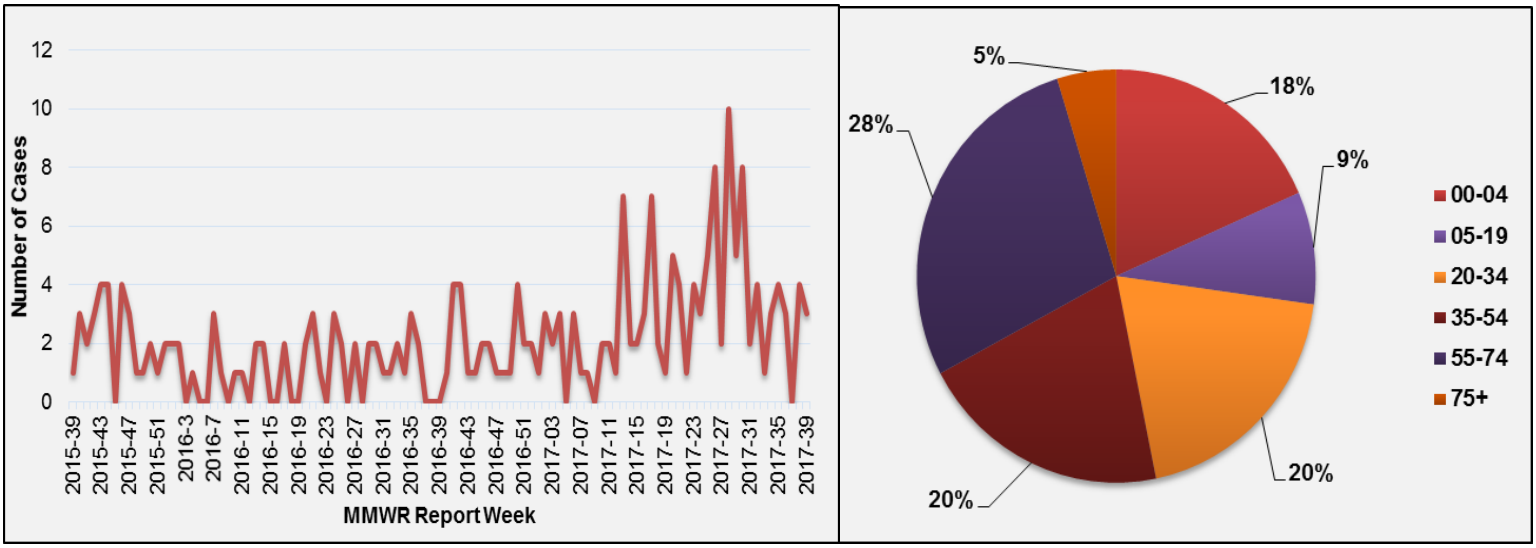


Figure 5. Reported Cases of Cryptosporidiosis by Report Year-Week and Age Group, Duval County
Week 39,2015 – Week 39,2017

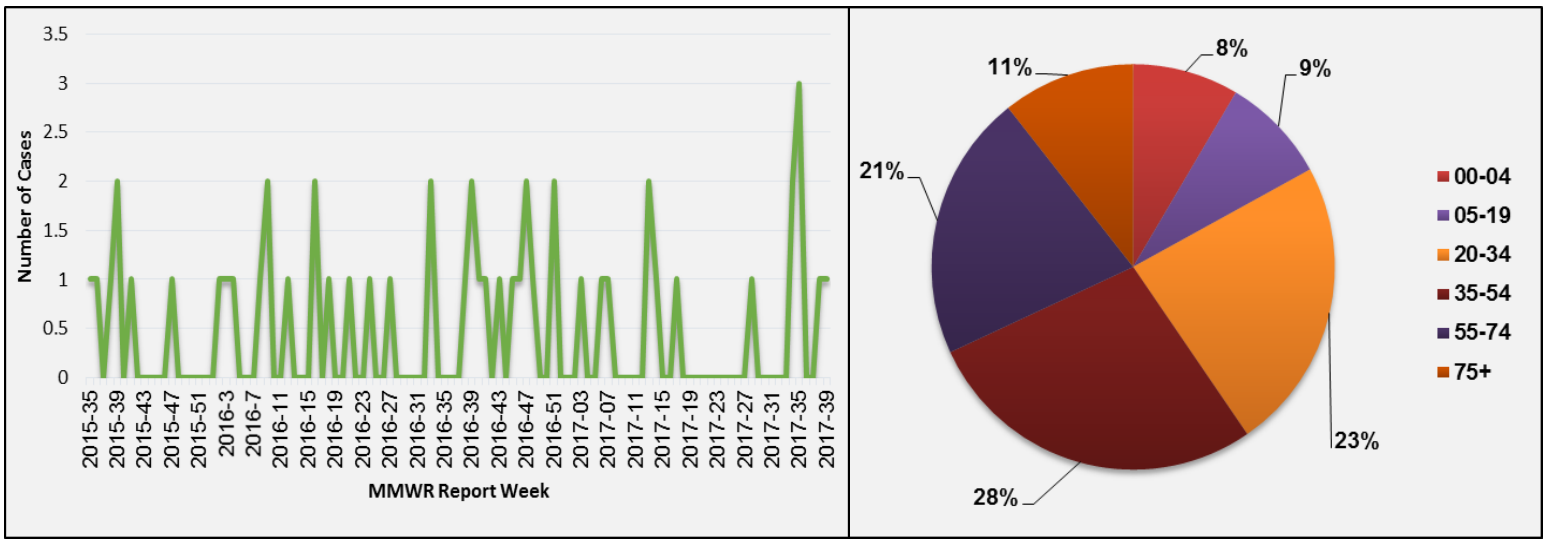
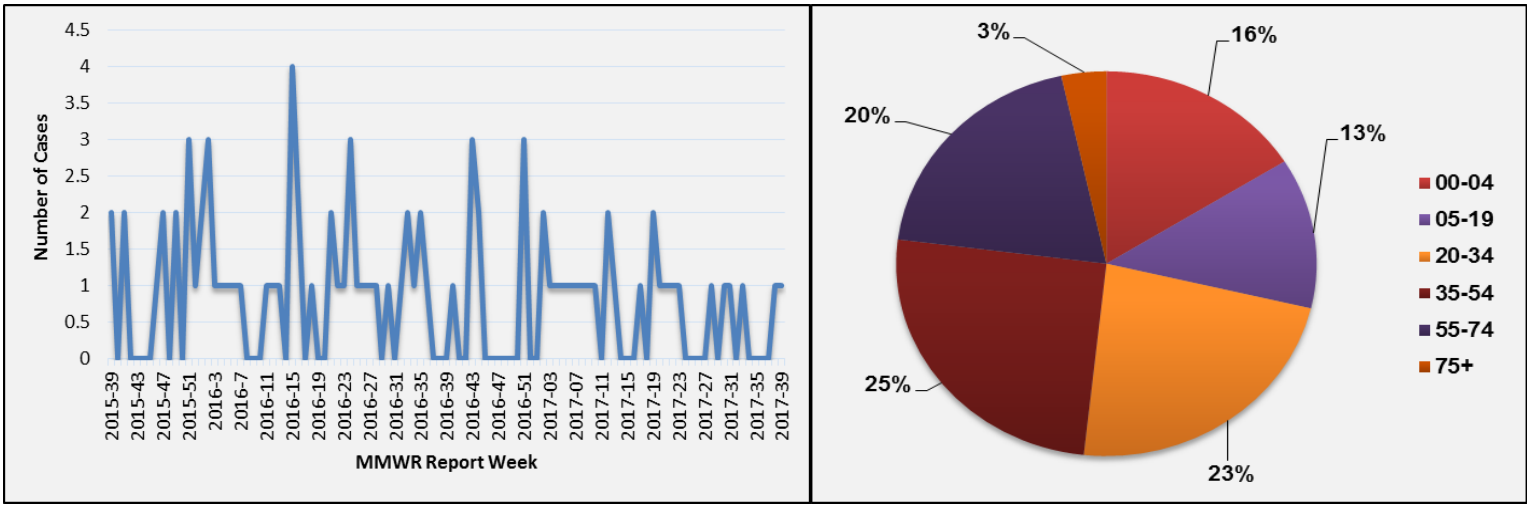


Figure 6. Reported Cases of Giardiasis by Report Year-Week and Age Group, Duval County
Week 39,2015 – Week 39,2017



Influenza/ILI and RSV Summary in Duval County

Influenza and ILI activity showed similar levels when compared to previous seasons. Emergency department (ED) and urgent care centers (UCC) ILI visits monitored through ESSENCE, reported similar levels when compared to previous seasons (Figure 7). ED and UCC influenza and ILI visits for all age groups showed similar trends in comparison to previous seasons (Figure 8).

During the month of September, the Electronic Laboratory Reporting (ELR) system reported 18 (27%) positive specimens of the 66 submitted for influenza testing. Of those, subtyping showed that Influenza A (15) was the dominant strain detected by laboratories (Figure 9). According to the Bureau of Public Health Laboratories (BPHL) Jacksonville, there were no positive specimens reported from Duval County and one tested negative (Figure 10).

RSV activity reported low levels when compared to previous seasons. A total of 58 specimens were tested. Of those, six were positive and subtyped as RSV unspecified. RSV activity in Northeast Florida peaks between September and March. To learn more about RSV in Florida, visit: http://www.floridahealth.gov/rsv.

Source: Flu and RSV Reports, Merlin

State influenza and influenza-like illness activity:

Influenza and ILI activity reported in Florida, during the month of September, showed low levels. Specimens submitted to BPHL for influenza testing were positive by real-time Reverse Transcription Polymerase Chain (RT-PCR). Influenza A (H3) was the dominant strain subtyped.

Source: Florida Department of Health, Florida Flu Review

National influenza activity:

Influenza viruses continue to circulate at low levels nationally. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) voted in favor of a recommendation that the live attenuated influenza vaccine (LAIV) should not be used during the 2017-18 influenza season. This recommendation follows concerns about lower effectiveness of the LAIV during the 2013-14 and 2015-16 influenza seasons against influenza A 2009 (H1N1) viruses. ACIP continues to recommend annual influenza vaccination with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) for everyone aged six months and older.

CDC has identified an antigenically drifted influenza B Victoria lineage strain circulating nationally and in Florida that is different from the strain of influenza B Victoria lineage contained in the 2017-18 influenza vaccination formulations. This drifted strain is also different from the strain of influenza B Victoria lineage included in the 2016-17 influenza vaccination formulations. To learn more about highly pathogenic avian influenza (HPAI), please visit: www.floridahealth.gov/novelflu.
Sources: Florida Department of Health Florida Flu Review, Centers for Disease Control and Prevention, FluView, National Center for Immunization and Respiratory Diseases (NCIRD).

Figure 7: Percentage of ED and UCC Visits for Influenza and ILI Chief Complaints, ESSENCE– FL, Duval County Participating Hospitals (n=11)

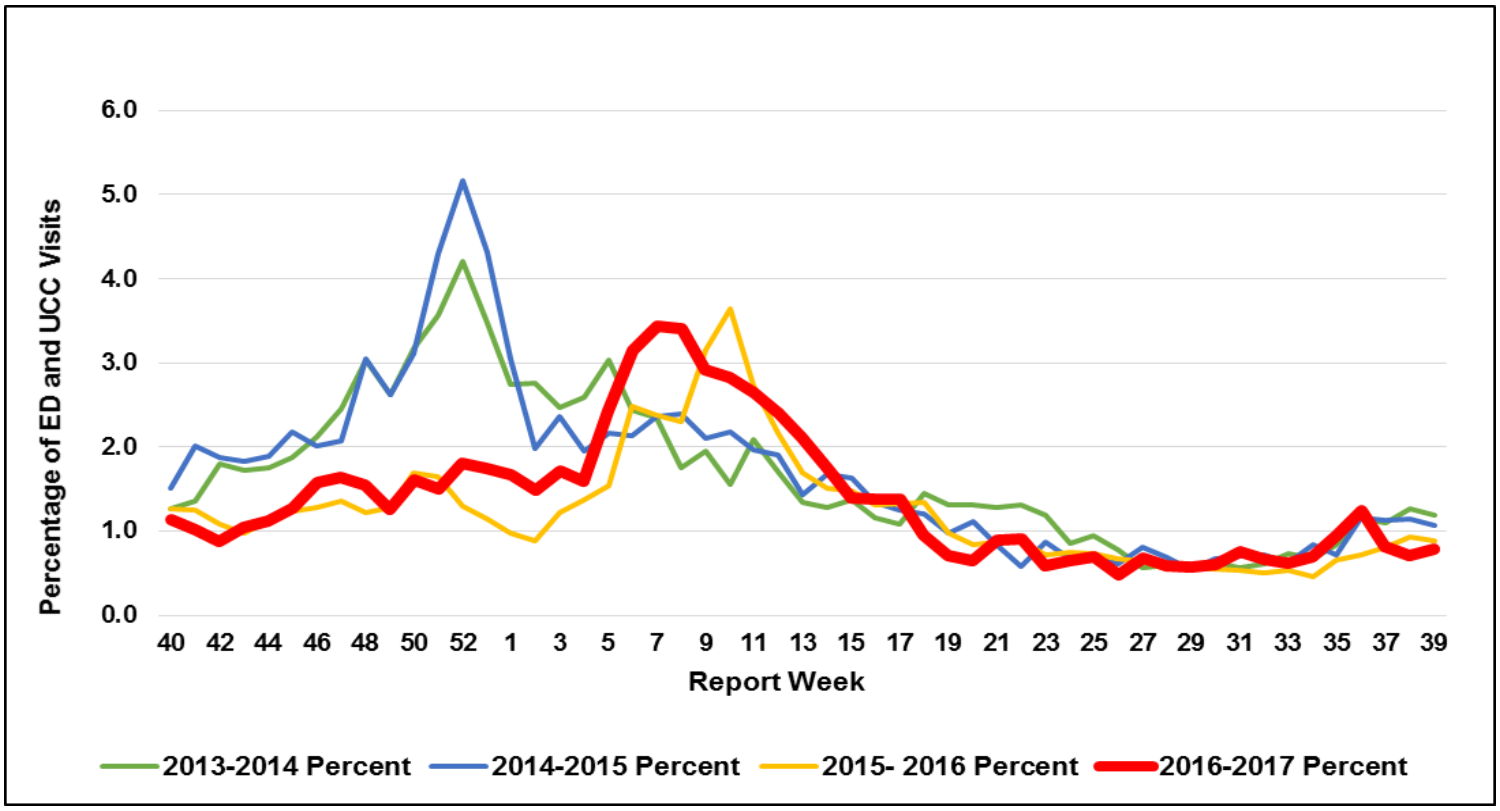


Figure 8: Percentage of ED and UCC Visits for Influenza and ILI by Age Comparison, Northeast Florida ESSENCE-FL Facilities, Week 35, 2015 – Week 40, 2017

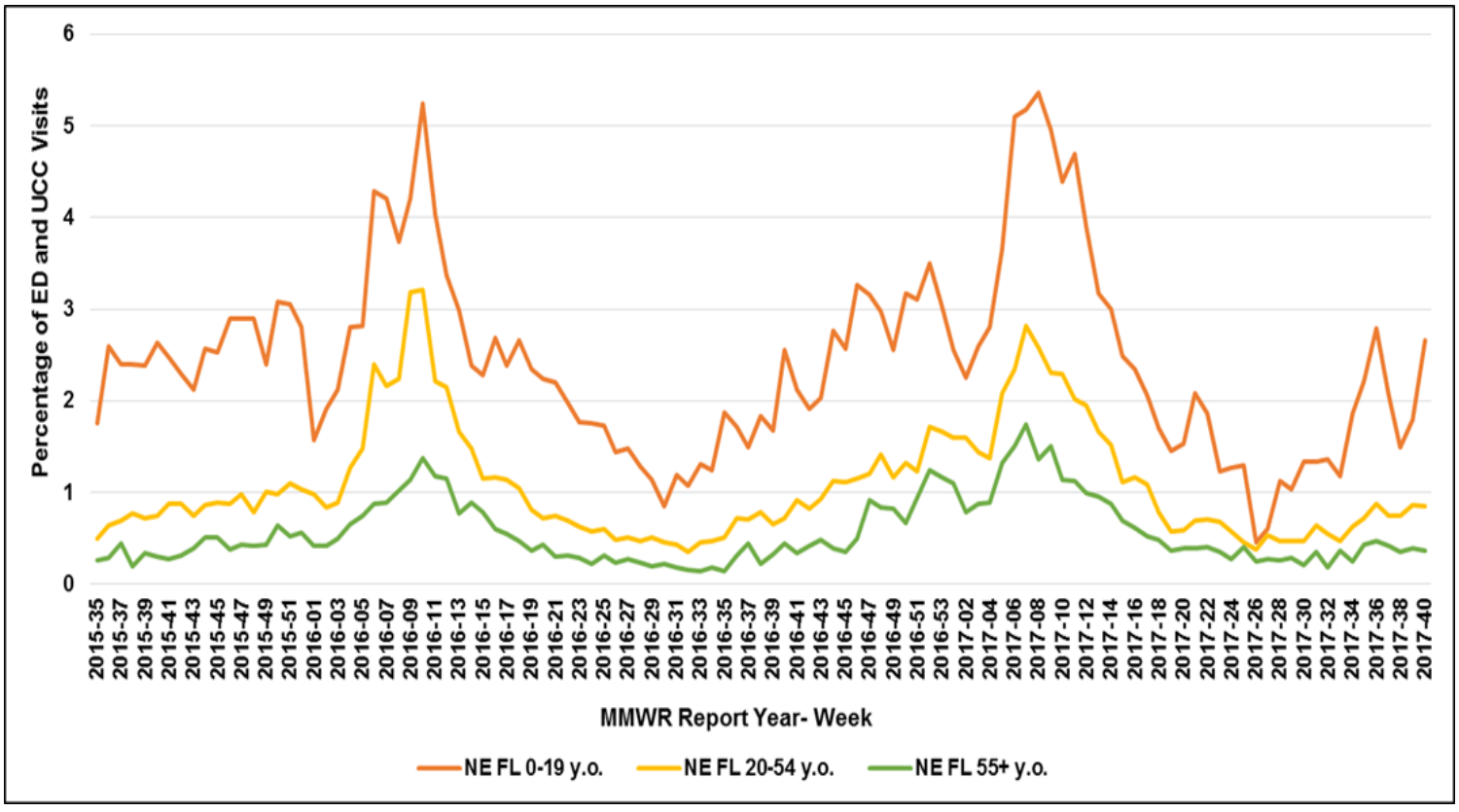


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 35, 2015 - Week 39, 2017

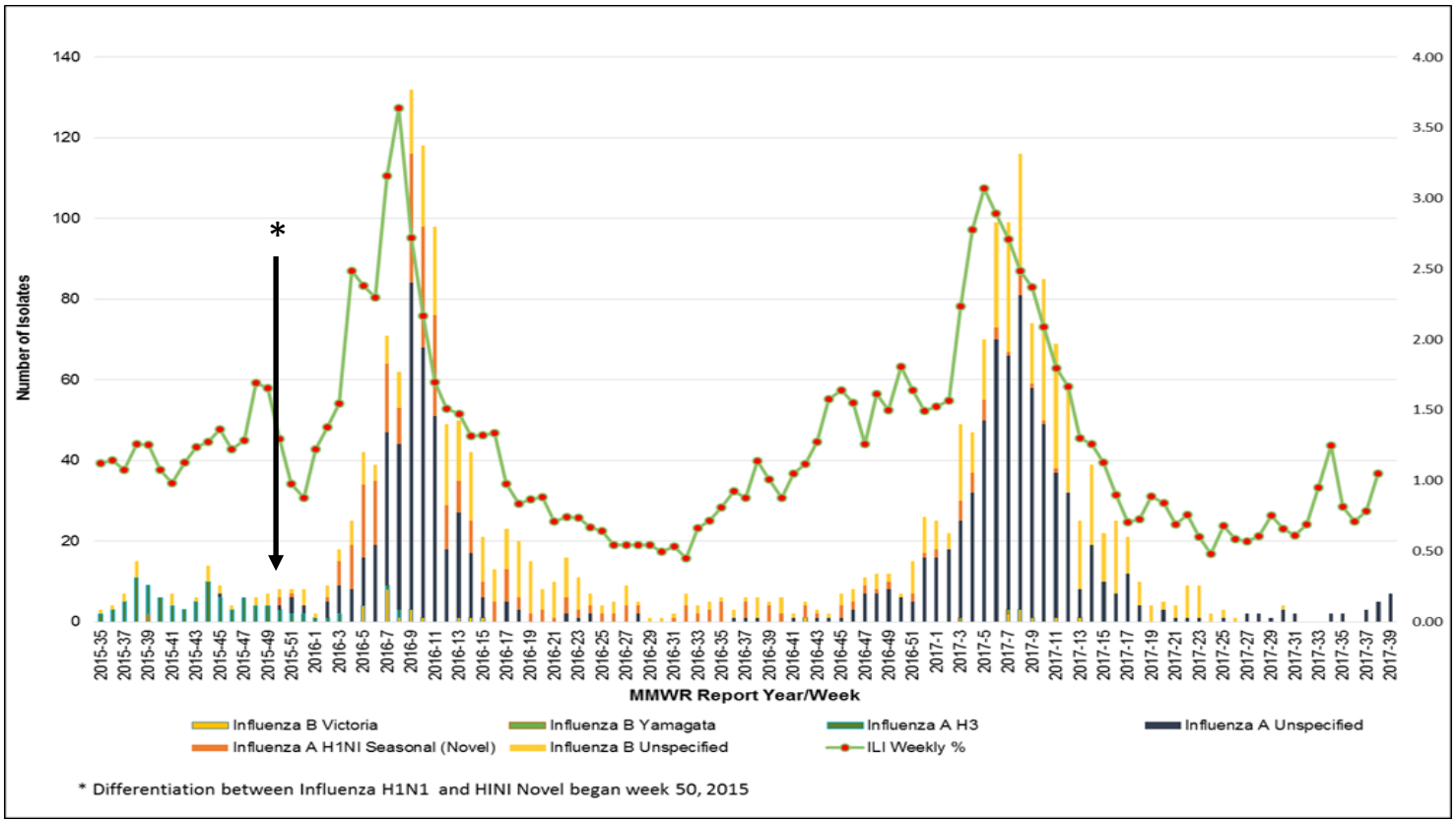
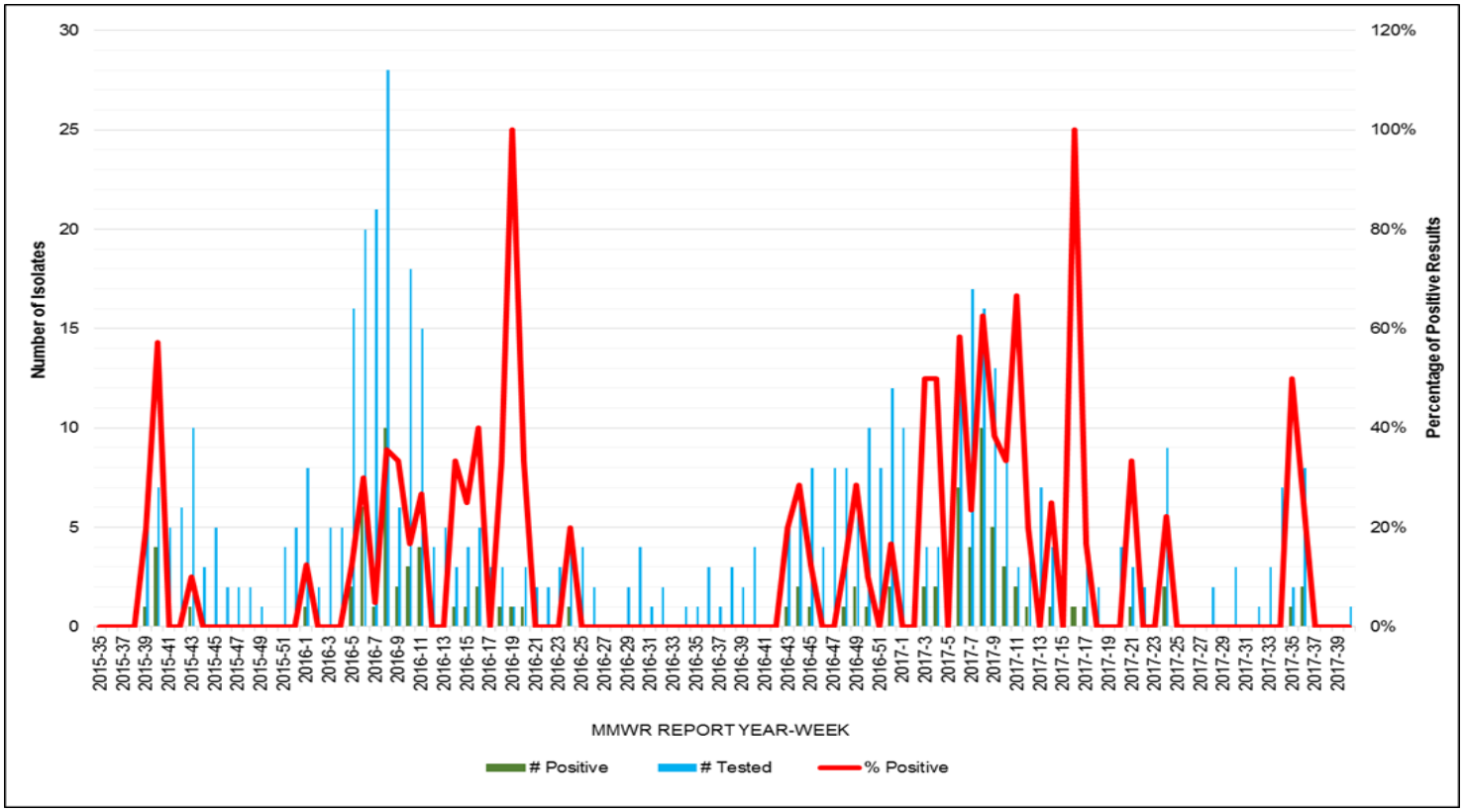


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County, Week 35, 2015 – Week 39, 2017



Mosquito-borne Illness Surveillance

Arbovirus surveillance in Florida includes endemic mosquito-borne viruses such as West Nile virus (WNV), Eastern equine encephalitis virus (EEEV), and St. Louis encephalitis virus (SLEV), as well as exotic viruses such as dengue virus (DENV), chikungunya virus (CHIKV) and California encephalitis group viruses (CEV), and Zika virus disease. Malaria, a parasitic mosquito-borne disease is also included (Figure 11).

Source: http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html

Duval County 2017 Human Case Summary

No local cases of chikungunya fever, West Nile virus (WNV), dengue, malaria or Zika virus were reported in Duval County during the month of September.

State of Florida 2017 Human Case Summary and Surveillance

International Travel-Associated Chikungunya Fever Cases: In 2017, one travel-associated case has been reported.

Chikungunya Fever Cases Acquired in Florida: In 2017, no cases of locally acquired chikungunya fever have been reported.

International Travel-Associated Dengue Fever Cases: In 2017, nine travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: In 2017, no cases of locally acquired dengue fever have been reported.

West Nile Virus Illnesses Acquired in Florida: One human case of WNV illness acquired in Florida has been reported in 2017 in Santa Rosa County in September. One asymptomatic positive blood donor was reported from Escambia County in August.

International Travel-Associated Zika Fever Cases: In 2017, 145 cases of Zika fever have been reported in individuals with travel history to a country or area experiencing Zika virus activity. One Hillsborough County and one Pinellas County case were acquired through sexual transmission. Florida is monitoring a total of 103 pregnant women in 2017.

Zika Fever Cases Acquired in Florida: In 2017, eleven locally acquired Zika virus infection cases with exposure in 2016 and testing in 2017 have been reported by Miami-Dade County. In addition, thirty-one individuals reported travel in 2016 to both Miami-Dade and countries with areas of active Zika virus transmission.

International Travel-Associated Malaria Cases: Fifty-two cases of malaria with onset in 2017 have been reported. Countries of origin were Africa, Brazil (2), Cameroon (3), Ethiopia/Malawi, Ghana (5), Ghana/Liberia, Guatemala, Guyana, Haiti (5), India (3), Indonesia, Kenya (2), Kenya/South Africa/Tanzania, Liberia, Mozambique, Mozambique/South Africa, Niger, Nigeria (9), Sierra Leone (2), South Africa, Togo, Uganda (5), and Venezuela (3). Counties reporting cases were Alachua, Brevard (2), Broward (5), Collier, Clay, Desoto, Duval (3), Escambia (2), Hillsborough (4), Lee (3), Leon (6), Marion, Miami-Dade (8), Monroe, Okaloosa, Orange (2), Osceola (2), Palm Beach (3), Polk, Santa Rosa, Seminole, St. Lucie, and Volusia. Ten cases were reported in non-Florida residents. Thirty-seven cases (71%) were diagnosed with Plasmodium falciparum. Twelve cases (23%) were diagnosed with Plasmodium vivax. Two cases (4%) were diagnosed with Plasmodium malariae. One case (2%) was diagnosed with both Plasmodium malariae and Plasmodium ovale.

WNV activity: In 2017, positive samples from one human, one blood donor, sixty-two sentinel chickens, two horses, one eagle, and two mosquito pools have been reported from thirteen counties.

SLEV activity: In 2017, positive samples from ten sentinel chickens have been reported from seven counties.

EEEV activity: In 2017, positive samples from one human, five horses, one deer, and thirty-four sentinel chickens have been reported from twelve counties.

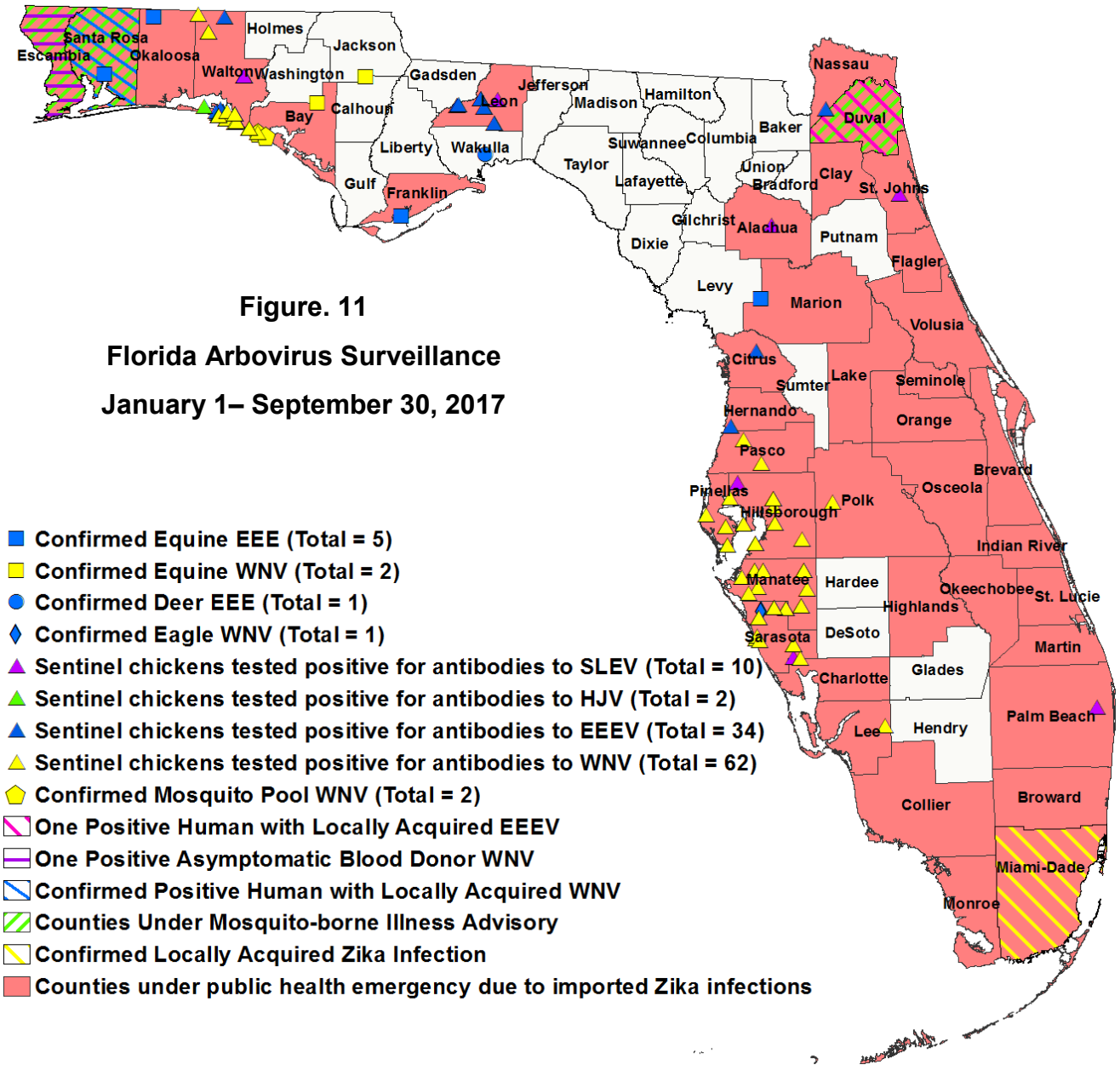


Figure. 11

Florida Arbovirus Surveillance

January 1– September 30, 2017

Human Case of Eastern Equine Encephalitis

Ellen Dugan, MPH

In September, a healthy male in his late 20s developed a headache, nausea, and vomiting that advanced into stroke-like symptoms and neurological impairment. The patient was hospitalized for over a month and tested positive for Eastern Equine Encephalitis (EEE). He did not travel outside Duval County but visited locations near marshy wooded areas with standing water. Mosquito trapping and spraying were conducted at outdoor locations visited before the illness. A Mosquito-Borne Illness Advisory was released for Duval County.

EEE is one of the rarest and most severe mosquito-transmitted diseases in the United States. This is the first human case of EEE reported for Duval County since 1991 and the first case for Florida in 2017.

You can reduce your risk of being infected with EEE by using insect repellent, wearing protective clothing, and staying indoors while mosquitoes are most active. For more information on Eastern Equine Encephalitis visit https://www.cdc.gov/easternequineencephalitis/index.html.

Table 1: Tuberculosis (TB) Surveillance – Duval County - 1/1/2017 through 9/30/2017

Active TB cases reported year-to-date for September 30, 2017							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				**Race**			
Male	21	26	80.8%	Asian	6	26	23.1%
Female	5	26	19.2%	Pacific Islander/Other	1	26	3.8%
Country of Origin				Black	9	26	34.6%
U.S.	14	26	53.8%	White	9	26	34.6%
Non-U.S.	12	26	46.2%	**Ethnicity**			
Age Group				Hispanic	2	26	7.7%
< 5	0	26	0.0%	Non-Hispanic	24	26	92.3%
5-14	0	26	0.0%	**Risk Factors**			
15-24	2	26	7.7%	Excess alcohol use within past year	2	26	7.7%
25-44	7	26	26.9%	HIV co-infection*	4	26	15.4%
45-64	10	26	38.5%	Injection drug use within past year	1	26	3.8%
≥ 65	7	26	26.9%	Homeless within past year	1	26	3.8%
				Incarcerated at diagnosis	0	26	0.0%
				Unemployed	17	26	65.4%
				Drug Resistance			
				Resistant to isoniazid**	1	19	5.3%
*For HIV co-infection, the total cases reflect the cases who have reported HIV test results.							
**For drug resistance testing, the total cases reflect the cases that have susceptibility testing completed and reported.							
Preliminary data as of 10/9/17. Data is subject to change based on ongoing submission of RVCTs.							
Prepared by: Ashley Donnelly, MPH, CPH, TB Surveillance Coordinator							

Hurricane Irma Post-storm Surveillance

During the week of September 10-16, 2017, Hurricane Irma made landfall in Northeast Florida. Results from the storm showed an increase in injuries, and other storm-related illnesses due to high winds, storm surges, debris, power outages, and flooding. Post-storm surveillance conducted in Duval County through the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) showed an increase in chief complaints on September 11 and 12 following the landfall of Hurricane Irma on September 10, 2017. Chief complaint sub-syndromes for injury types such as bite or sting, cut or pierce, fall, motor vehicle, and poisoning accounted for the majority of the injuries reported. There were a total of 1,241 injury chief complaints reported by local hospitals, during this time, and over 28% were related to falls, followed by a cut or pierce with 21% (Figure 12). The 2017 Hurricane season ends November 30, 2017. The Florida Department of Health in Duval County is encouraging all individuals to build an emergency supply kit, develop a plan, know the hazards, and prevent injuries before, during and after the storm.

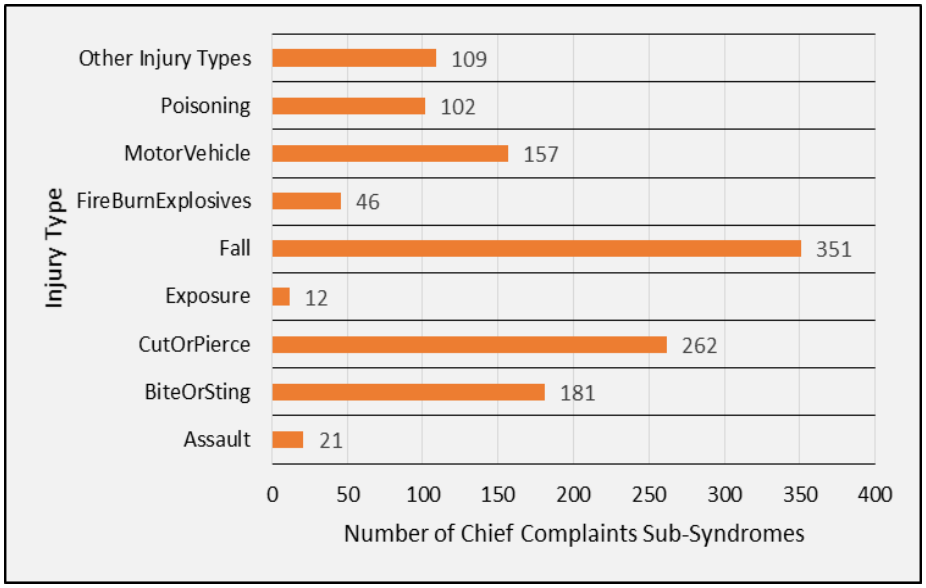


Figure 12. Number of Injury Type Visits reported from Emergency Department and Urgent Care Center (UCC), Duval County, September 10-16, 2017

Table 2. Area 4* Reported Sexually Transmitted Diseases (STDs) Summary for September 2017, All STD case numbers are provisional and subject to change

Infectious and Early Latent Syphilis Cases				
Sex	**Area 4***	**%**	**Duval**	**%**
Female	8	36%	7	39%
Male	14	64%	11	61%
Race	**Area 4***	**%**	**Duval**	**%**
Black	10	45%	10	56%
Hispanic	2	9%	2	11%
White	10	45%	6	33%
Other	0	0%	0	0
Age	**Area 4***	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	1	5%	0	0%
20-24	4	18%	3	17%
25-29	3	14%	3	17%
30-39	7	32%	6	33%
40-54	6	27%	5	28%
55+	1	5%	1	6%
Total Cases	22		18	

Chlamydia Cases				
Sex	**Area 4***	**%**	**Duval**	**%**
Female	356	64%	287	64%
Male	198	36%	162	36%
Race	**Area 4***	**%**	**Duval**	**%**
Black	272	49%	253	56%
Hispanic	29	5%	26	6%
White	154	28%	102	23%
Other	99	18%	68	15%
Age	**Area 4***	**%**	**Duval**	**%**
0-14	2	0%	2	
15-19	140	25%	105	23%
20-24	193	35%	161	36%
25-29	110	20%	90	20%
30-39	84	15%	69	15%
40-54	22	4%	20	4%
55+	3	1%	2	0%
Total Cases	554		449	

Gonorrhea Cases				
Sex	**Area 4***	**%**	**Duval**	**%**
Female	96	43%	83	42%
Male	129	57%	115	58%
Race	**Area 4***	**%**	**Duval**	**%**
Black	152	68%	148	75%
Hispanic	11	5%	9	5%
White	53	24%	36	18%
Other	9	4%	5	3%
Age	**Area 4***	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	39	17%	32	16%
20-24	61	27%	54	27%
25-29	56	25%	49	25%
30-39	36	16%	31	16%
40-54	20	9%	20	10%
55+	13	6%	12	6%
Total Cases	225		198	

Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties

Prepared by: Clement Richardson , STD Surveillance Supervisor

The Florida Department of Health in Duval County www.duval.floridahealth.gov/ (904) 253-1850
Prepared by: Aja Arrindell, MPH,MS– Aja.Arrindell@flhealth.gov, Editor: Pauline J. Rolle, MD, MPH, CPH – All data are provisional

Table 3. Provisional Cases* of Select Reportable Diseases/Conditions, Duval County, Florida, September 2017

Disease	DUVAL								All Counties							
	September				Cumulative (YTD)				September				Cumulative (YTD)			
	2017	2016	Mean†	Median¶	2017	2016	Mean†	Median¶	2017	2016	Mean†	Median¶	2017	2016	Mean†	Median¶
A. Vaccine Preventable Diseases																
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Rubeola)	0	0	0	0	0	0	0	0	0	0	0	0	4	5	4.4	5
Mumps	1	0	0	0	8	0	0	0	5	0	2	3	76	22	13.4	17
Pertussis	3	2	3.4	3	18	10	29.4	27	15	27	45.8	30	291	256	432.4	479
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0.4	0
Tetanus	0	0	0	0	0	0	0.2	0	0	1	0.2	0	1	3	2.6	3
Varicella (Chickenpox)	2	3	4	4	29	26	34.6	34	44	55	63.4	64	506	602	566.8	590
B. CNS Diseases & Bacteremias																
Creutzfeldt-Jakob Disease (CJD)	0	0	0	0	1	1	0.2	0	0	2	1.4	1	16	15	17	18
Haemophilus influenzae Invasive Disease	1	0	0.8	0	16	19	16.2	19	25	17	15.6	17	221	249	213	209
Meningitis: Bacterial or Mycotic	0	1	0.6	0	2	4	10.2	12	6	9	9.8	9	83	85	105.6	102
Meningococcal Disease	0	0	0	0	1	1	0.6	0	1	2	3.8	3	17	12	31.6	38
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	1	1	0	0	0.4	0	2	4	3.8	3
Staphylococcus aureus Infection: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Strep pneumoniae Invasive Disease: Drug-Resistant	0	0	1.6	1	7	19	17.4	15	20	11	20.4	15	192	154	273.8	331
Strep pneumoniae Invasive Disease: Drug-Susceptible	0	0	0.6	0	14	13	15	14	27	22	21.2	22	267	338	339.8	340
C. Enteric Infections																
Campylobacteriosis	12	6	7.4	8	137	65	74.6	79	293	285	252.8	240	3341	2827	2462.6	2422
Cryptosporidiosis	2	5	9.8	5	15	19	38.6	25	55	103	149.6	103	396	455	679.2	455
Cyclosporiasis	0	0	0	0	3	0	1.4	0	1	1	2.6	2	112	36	33.4	33
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	0	2.2	1	12	7	11.6	12	32	53	37.6	33	499	484	384.8	388
Giardiasis: Acute	1	2	3.4	3	19	36	39.8	39	43	107	104.6	102	685	896	859.2	851
Hemolytic Uremic Syndrome (HUS)	0	0	0.6	0	0	0	0.6	0	0	0	0.6	0	9	4	4.6	4
Listeriosis	0	1	0.4	0	0	3	1.6	2	5	5	4.6	5	44	29	30.4	32
Salmonellosis	50	46	63	52	257	272	295	280	694	851	886.8	853	4642	4694	4712.4	4715
Shigellosis	2	8	14.6	5	57	48	102.4	48	84	102	134	130	1006	699	1333.8	1539
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	0	1	0.4	0	3	0	0.4	0	38	15	10.6	9
D. Viral Hepatitis																
Hepatitis A	0	0	0.2	0	1	1	1.4	1	24	12	12.2	10	218	102	97.8	100
Hepatitis B: Acute	0	0	1	1	19	24	14.2	11	48	68	44	42	529	556	353.8	312
Hepatitis B: Surface Antigen in Pregnant Women	3	2	2.4	2	15	21	29.4	30	14	31	33.8	31	322	313	362.2	367
Hepatitis C: Acute	0	3	0.6	0	11	9	5.4	6	16	30	18.6	17	237	318	184	150
E. Vector-Borne, Zoonoses																
Chikungunya Fever	0	0	1.6	0	0	1	3	1	0	1	21	1	2	7	89.6	7
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	14	10.8	10	18	34	40.8	41
Dengue Fever	0	1	0.4	0	0	1	1	1	5	5	12.6	13	15	69	84.6	76
Eastern Equine Encephalitis Neuroinvasive Disease	1	0	0	0	1	0	0	0	1	0	0.2	0	1	2	1.2	2
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	0	1	0.6	1	0	2	1.6	2	18	23	21.4	22
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	1	0.4	0	4	2	1.6	1
Lyme Disease	0	0	0	0	5	10	3.4	1	10	23	15.2	11	193	242	166.4	147
Malaria	0	0	0.6	0	3	5	3.6	4	6	6	5	5	55	65	51.8	53
Rabies: Animal	0	0	0	0	0	0	1	1	0	0	6.6	8	0	16	57.8	67
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0.4	0	0	0	0	0	0	0	0.4	0
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	0	0	0	1	0.2	0	6	7	1.4	0
Zika Virus Disease and Infection- Non-Congenital	1	2	0.4	0	1	12	2.4	0	16	165	33	0	223	1248	249.8	0
F. Others																
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0.4	0
Brucellosis	0	0	0	0	0	0	0.2	0	1	0	0.2	0	3	2	6.4	6
Carbon Monoxide Poisoning	3	0	0.4	0	4	6	7.8	5	405	21	23.8	21	554	193	148.2	140
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0	0	0	1	1	6	2	11.4	8
Legionellosis	6	2	1.6	1	23	18	14	12	57	43	33.8	35	389	269	227.6	244
Vibriosis¥	1	0	0.8	0	10	9	9	8	35	23	23.2	23	234	174	154.8	161

This report consist of confirmed and probable cases based on the date of event(initial) as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2017 is provisional and may include Non-Florida Cases.

† Mean of the same month in the previous five years; ¶ Median for the same month in the previous five years

** Includes E. coli O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped

¥ includes Grimontia hollisae, Vibrio alginolyticus, Vibrio cholerae Type Non-O1,Vibrio mimicus, Vibrio parahaemolyticus, Vibrio vulnificus, Vibrio fluvialis, Other Vibrio Species

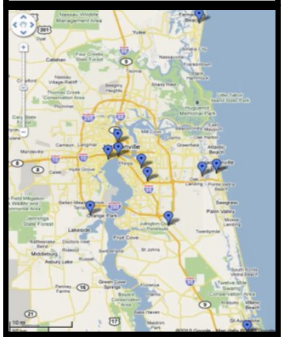
The Florida Department of Health in Duval County www.duval.floridahealth.gov/ (904) 253-1850
Prepared by: Aja Arrindell, MPH,MS– Aja.Arrindell@flhealth.gov, Editor: Pauline J. Rolle, MD, MPH, CPH – All data are provisional

Surveillance systems

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a bio-surveillance system that collects emergency department (ED) chief complaint (CC) data from participating hospitals and urgent care centers. DOH-Duval monitors 11 reporting hospitals.

ILINet (previously referred to as the *Sentinel Provider Influenza Surveillance Program*): IILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Duval County has one ILINet provider.

Figure 13. Hospitals Participating in ESSENCE



Merlin: is a database for the State of Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All data are provisional.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

Surveillance vocabulary

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factors that are the reason for a medical encounter in ESSENCE.

Count: The number of emergency department visits relating to a syndrome of query in ESSENCE.

Event Date: Reportable diseases and conditions presented within this report are reported by event date.

Electronic Laboratory Reporting (ELR): Electronic transmission from laboratories to public health laboratory reports which identify reportable conditions.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of Morbidity and Mortality Weekly Report (MMWR) disease Incidence reporting and publishing.

Syndrome: An illness classified in ESSENCE by ICD 10 codes or pharmaceutical syndromic surveillance.

Syndromic Surveillance: Health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

Florida Annual Morbidity Statistics Reports: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html

Influenza Surveillance Reports: http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html

Public Health Surveillance

Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can:

- Serve as an early warning system for impending public health emergencies;
- Document the impact of an intervention, or track progress towards specified goals; and
- Monitor and clarify the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies.

Within Duval County, surveillance data is obtained through:

- Emergency department (ED) and UCC syndromic surveillance monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- The ILINet Program
- Merlin
- Laboratory data from the Bureau of Laboratories (BPHL)
- Florida Poison Information Center Network (FPICN)
- Electronic Laboratory Reporting (ELR)
- Passive reports from the community
- Notifiable disease outbreaks

Florida HEALTH Duval County

Epidemiology Program

515 W 6th Street, MC-28

Jacksonville, FL 32206

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department?

HIV/AIDS: 904-253-2989, 904-253-2954
STD: 904-253-2974, Fax: 904-253-1601
TB Control: 904-253-1070, Fax: 904-253-1943
All Others, Epidemiology: 904-253-1850, Fax: 904-253-1851, After-Hours Emergency: 904-434-6035

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎ Report immediately 24/7 by phone
• Report next business day
+ Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
- • Arsenic poisoning
- ! Arboviral diseases not otherwise listed
- • Babesiosis
- ! Botulism, foodborne, wound, and unspecified
- • Botulism, infant
- ! Brucellosis
- • California serogroup virus disease
- • Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- • Carbon monoxide poisoning
- • Chancroid
- • Chikungunya fever
- ☎ Chikungunya fever, locally acquired
- • Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
- • Ciguatera fish poisoning
- + Congenital anomalies
- • Conjunctivitis in neonates <14 days old
- • Creutzfeldt-Jakob disease (CJD)
- • Cryptosporidiosis
- • Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
- • Eastern equine encephalitis
- • Ehrlichiosis/anaplasmosis
- • *Escherichia coli* infection, Shiga toxin-producing
- • Giardiasis, acute
- ! Glanders
- • Gonorrhea
- • Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- • Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G
- • Hepatitis B surface antigen in pregnant women and children <2 years old
- ☎ Herpes B virus, possible exposure
- • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
- • HIV-exposed infants <18 months old born to an HIV-infected woman
- • Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- • Lead poisoning (blood lead level ≥5 µg/dL)
- • Legionellosis
- • Leptospirosis
- ☎ Listeriosis
- • Lyme disease
- • Lymphogranuloma venereum (LGV)
- • Malaria
- ! Measles (rubeola)
- ! Melioidosis
- • Meningitis, bacterial or mycotic
- ! Meningococcal disease
- • Mercury poisoning
- • Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- ☎ Pertussis
- • Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- • Psittacosis (ornithosis)
- • Q Fever
- ☎ Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- • Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- • St. Louis encephalitis
- • Salmonellosis
- • Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- • Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- • *Streptococcus pneumoniae* invasive disease in children <6 years old
- • Syphilis
- ☎ Syphilis in pregnant women and neonates
- • Tetanus
- • Trichinellosis (trichinosis)
- • Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- • Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- • Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- • West Nile virus disease
- ! Yellow fever
- ! Zika fever

***Coming soon*: "What's Reportable?" app for iOS and Android**

*Subsection 381.0031(2), Florida Statutes, provides that Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners...